Report on the Annual Museum for the Exhibition of the American Medical Association, in Philadelphia, and the Contributions from California.

By

Thomas Muldrup Logan

REPORT ON THE ANNUAL MUSEUM

FOR THE

Exhibition of the American Medical Association,

IN

PHILADELPHIA,

AND

THE CONTRIBUTIONS FROM CALIFORNIA.

By THOS. M. LOGAN, M. D.,

President of the American Medical Association, etc.

Read before the SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT, on the 23d of July, 1872, and ordered for publication.

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One of the most attractive and novel features of the late session of the American Medical Association, in Philadelphia, was that of a museum for the exhibition of objects of interest and instruction for the profession. It was inaugurated under the auspices of the College of Physicians, which is an association for the advancement of the science of medicine, holding stated meetings twice a month, one of which is devoted exclusively to scientific discussions. The classical and appropriate building in which the exhibition was held belongs to this association, and contains the very valuable library and museum of the college. The former, greatly enhanced by the donations of Dr. Samuel Lewis, and by a bequest of the collection of books of the late Mr. George Ord, consists of about fifteen thousand five hundred volumes. The latter contains as its nucleus the museum of the late Dr. T. D. Mutter, who bequeathed a sum of money for the endowment of an annual course of lectures on subjects relating to surgical pathology.

The officers of the college for eighteen hundred and seventy-two are:

President—George B. Wood, M. D.
Vice President—George W. Norris, M. D.
Secretary—John H. Packhard, M. D.
Recorder—J. Ewing Mears, M. D.
Treasurer—J. Rodman Paul, M. D.
Librarian—Robert Bridges, M. D.

CENSORS.

Isaac Hays, M. D.
Joseph Carson, M. D.
Lewis Rodman, M. D.
Edward Hartshorne, M. D.

COUNCILLORS.

S. Sittell, M. D.
Alfred Stille, M. D.
W. S. W. Ruschenberger, M. D.
C. Morris, M. D.
E. Wallace, M. D.
James H. Hutchinson, M. D.

The following societies meet in the college building:

The Pathological Society of Philadelphia.
The Obstetrical Society of Philadelphia.
The Opthalmological Society of Philadelphia.
The Philadelphia County Medical Society.

The Journal Association consists of Fellows of the College, who have subscribed for the medical journals published in all parts of the world, for the benefit of the library of the institution.

These facts have been culled from a neatly bound handbook, which was presented to every delegate, containing an account of the different colleges, hospitals, medical and scientific institutions, and other places of interest to the medical visitor. It was embellished with a street-map of the city, and a topographical one of Fairmont Park, both finely lithographed. This park, which is justly the pride of Philadelphia, comprises two thousand seven hundred and six acres, and, with the exception of Windsor, one of the royal parks in the vicinity of London, which covers three thousand eight hundred acres, is the largest park in the world. Some of its most picturesque

points on the Schuylkill and Wissahickon are beautifully illustrated by six engravings contained in the volume, which is dedicated and inscribed to the profession thus: "To the strangers, members of the American Medical Association of eighteen hundred and seventy-two, this handbook is respectfully offered by the profession in Philadelphia, in the hope that it may be useful to them during their stay with us, and remind them afterwards of a pleasant and profitable meeting."

Although I shall ever treasure this little book for the reason thus indicated, still I must take the opportunity to remind you that it was only one of the many means devised, both socially and professionally, as has already been so graphically portrayed to you by my colleague, Dr. W. R. Cluness, to render this reunion agreeable as well as profitable. All honor to the worthy sons of the illustrious sires, who made Philadelphia the centre of medical as well as of political America!

From the Fellows of the College, just described, committees to carry out the proposed plan of the exhibition were appointed, of whom Frank F. Maury, M. D., and William Pepper, M. D., were Chairmen.

The following was the order of classification adopted:

1. New instruments and appliances in medicine, surgery, and midwifery.
2. New drugs and preparations.
3. Pathological, physiological, anatomical, and microscopical specimens.
4. Photographs, drawings, casts, and models of pathological specimens.
5. New books—American and foreign.

To say that the exhibition was a success, would give a very inadequate idea of the completeness of the undertaking, and prove a very poor compliment to the eminent and zealous men in whose wide views it originated, and by whose indomitable energy and perseverance the great thought of such a spectacle was embodied in a visible, material shape. That classic building in which were contained a multitude of diverse compositions—not of words, but of things, visible and tangible,

which he who wandered around its cabinets and tables might con for months instead of days, and each day possess himself of some new idea of their meaning, power, and utility—included, also, the evidences of the skill and ability, not only of the praiseworthy contributors, but of those, too, who stamped upon matter, and the combinations of matter, that significance and efficacy which order brings out of chaos, and thus becomes a true exponent of the inward activity of man.

The great fact sought to be established was the capacity of the profession to appreciate the value and benefits that flow from such means of instruction. As it had been already found that there was a necessity that theoretical and practical men of our science should come into contact with each other, and bring the rich and varied fruits of their many intellects to a common storehouse, to be made the common property of all, so it was thought equally essential to the interests of the profession, that theory and mechanical skill should march hand in hand, and both in contact with men, qualified by education and attainments, to give direction to physical facts and philosophical inquiry.

A scheme more conducive to this end could scarcely have been devised than this concentration of various minds in converting the hitherto suggestive into the real and practical, and so creating an interchange of views and of experimental knowledge between the diverse societies and States represented —conducive to the benefit of all. As knowledge and practical skill, however, are only rendered permanent through the publicity given to them, so it seemed to those who, from the beginning, had taken a lofty and comprehensive view of the grand drama in which they had sustained such an extensive role, and of which the first act is now completed, that they should be spared the additional task of writing up the epilogue. It was suggested that if a subdivision of the labor requisite for digesting and describing the most important of the articles exhibited, and demonstrating the salient points of interest and value, could be effected among the contributors themselves, the work would be more readily performed, and with comparative ease and satisfaction to all concerned.

In order to carry into effect this suggestion, I now propose to take the lead, as, indeed, my present position, and promise, made on the occasion of the grateful reception you accorded me, exact, hoping that others will follow my example, by placing indelibly on record, all the main facts and conclusions that relate to the various articles exhibited in their respective spheres.

I have said that the museum was multitudinous. It was vast and comprehensive. Nothing have I ever seen comparable with it, but the Museum of the Royal College of Surgeons, London. To substantiate this assertion, I will mention an instance in regard to my own contributions.

Partly by good fortune, and partly by strategy,* I became possessed of two cranial specimens—the one of the Mongolian or true Asiatic race, and the other of the aboriginal American, from the Santa Barbara Mission. Besides confirming, in the first instance, the Mongolian permanence of type, established through Chinese iconography, and, in the latter, the traveler's adage, that "he who has seen one tribe of Indians has seen all," these skulls presented the antitheses of each other to such a remarkable degree (the attenuated

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* The Chinese believe in the necessity of carrying back to the "flowery kingdom" the bones of their unfortunate countrymen, who may happen to die in this barbarous land, in order to secure their safe transit to the Mongul heaven. Accordingly, after due time being allowed for the decomposition of the body, they gather up and cleanse the skeletons of their deceased friends, and are scrupulously careful to label all the bones, so that neither the skulls, nor arms, nor legs, nor other component parts may get mixed up in the other world. The bones of each, after having been thoroughly cleansed, are placed in a white linen bag, and the names of the celestial proprietors written thereon. These packages are kept with watchful solicitude, until opportunity offers for some of their returning friends to take charge of them. The only way, therefore, left open for us barbarians (and of which I will here make a note for the good of the profession), when we happen to covet such relics, is through "strategy." Without mentioning names, for fear of getting the principal and his accomplices into a State Prison scrape, from which, of course, I must escape, being States witness, I will here state that the former party having become cognizant of the locality of certain di-embodied bones in a Chinese camp, went with a force of disguised would-be policemen into the midst of the alleged miscreants at the dead hour of the night, bearing weighty charges of murder and rapine, and armed with a so-called search warrant. During the intense excitement thus caused, which brought the entire Chinese forces into the *melee*, a corporal guard of the said would-be officers of the law slipped away unnoticed, and carried off as many bags of bones as they could shoulder. The result of all which is that the museum of the learned College of Physicians, in the staid City of Brotherly Love, having been made a receptacle of stolen goods, its Fellows become *participes criminis;* and one poor Mongul will have to enter the Chinese heaven minus his platybregmate.

Indian's weighing eleven ounces avoirdupois less than the massive Mongul's), that I felt very sure, when I donated them to the museum, I was offering something that could not be equaled. Much to my surprise, however, I found, on visiting the college next day, my skulls flanked by two others, presenting so much the more decidedly the remarkable qualities and characteristics, which I had vainly supposed could not be surpassed, that I needed no more exact balances than my hands and arms to convince me of my own ignorance and presumption. Nevertheless, it was with feelings of national and professional pride that I discovered I was contributing to a deficiency of certain cranial desiderata in that magnificent collection of our own countryman, who, commencing the study of ethnology in eighteen hundred and thirty without a single cranium, managed, amidst incessant devotion to an arduous practice, to bequeath to posterity eight hundred and forty skulls, representing every race and variety, and "so thoroughly illumined by his personal labors that, in the absence of fresher materials, science must pause before she hazards a doubt upon any result at which Samuel George Morton had maturely arrived."*

My next attempt to show something creditable to California was in the line of "new books;" their *material* and mechanical execution, including their exterior covering or binding; not their interior composition nor literary and scientific qualities. In this latter respect we make no pretensions.

With this end in view, I had selected two of the fairest copies I could find of the late Transactions of our State Medical Society and of our State Board of Health, and placed them in the hands of one of San Francisco's most artistic binders, with instructions to spare no expense in the finish and style of their covering. These I donated to the museum.

As the former publication was issued by a society manfully struggling for a resuscitated existence, made more precarious by the bitter and suicidal opposition of certain Ishmaelites in our ranks, and the latter was published by the State, which pays the highest prices and gets the

* Nott and Gliddon.

cheapest style of work therefor, no unreasonable expectations were indulged in. It was not believed that these crude books could vie, either in paper, letterpress, or engravings, with the more finished productions of our Eastern cities, where such immense issues of popular works, both of literature and art, are so constantly appearing as to make Philadelphia, New York, and Boston the fountainheads of paper-making, lithography, and electro-metallurgy, in all their details and amplifications. Considering, however, that bookbinding is an art that has been known for nearly two thousand years—*i. e.*, since the Grecian Phillatius divided the rolled volume into sheets, and glued them together in the form which is familiar to us—I naturally supposed that we in pretentious California had kept pace with the world's progress in this species of æsthetic culture; and so I thought, while ordering my competitive specimens, that they would afford instances of taste and mechanical skill, which would at least compare favorably with those of our Eastern bookbinders. No so, however, did the fact turn out. It is true our books had Russia leather covers, and a heavy coating of California gold upon the backs and edges of the leaves. But such leather! compared with the smooth, satin-like calfskin which is so well adapted to the sober, practical volumes of medical science, "it felt to the fingers," in the words of a critic, "like a flattened nutmeg-grater, seeming to protect the book by making it painful for any one to touch it."

A great pleasure in the use of a book—in which physicians nowadays, ought to be indulged, seeing it is required of them to read so much—is found in the freedom with which it opens, and its property of remaining open without constant pressure. The volume must not only be well protected, but seem so. It should be solid and compact, square-edged, and inclosed in firm boards, of a stoutness proportionate to its size; and these should be covered with leather at once pliable and strong, and tooled with sharpness and perfect accuracy. Without these requirements the eye of the connoisseur will remain unsatisfied. Besides, there is an eternal fitness of things, which, in the

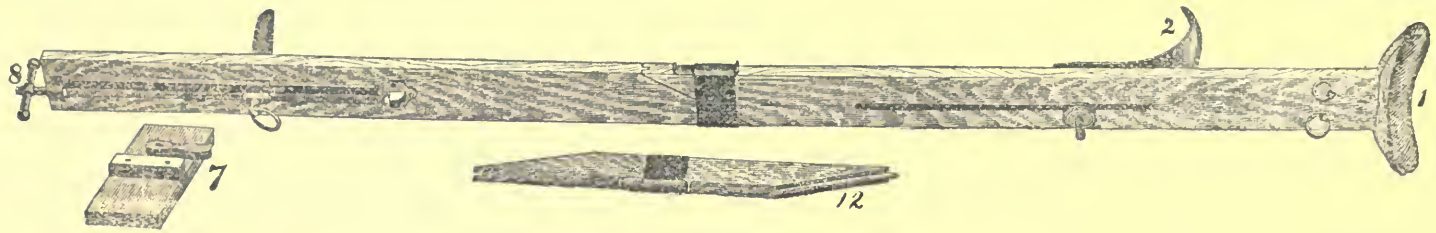
binding of books as well as in every work of art, exacts that there should be congruity and adaptation.

Our Philadelphia friends have the taste and power of discerning these principles and facts, which I have gathered from good authority, and exemplify their appreciation of them in the binding of their scientific books in plain calf, with the top edge only gilded, to prevent the adherence of the dust that may lodge there, rather than in the fanciful ornamentation and gilding which characterized the volumes I presented, and which appertain to lighter literature. In this department of the fine arts, which is somewhat similar in kind to architecture, our Eastern competitors carry off the palm—in every respect rivaling the finest specimens I have seen of the best bookbinders in London and Paris.

But if Philadelphia can excel us in thick skulls as well as thin ones, and in bookmaking, both in respect to external appearance, or finish, and to intrinsic value or sense, I am proud to say it cannot surpass us in some of the most ingenious mechanical contrivances and appliances, without which all our surgery would prove a mockery and reproach.

I now allude to the contributions of Drs. Nelson, Stout, and Murphy. There they are; I mean the photographic plates. Look at them, study them, and I am sure you will rise from their contemplation satisfied that, as specimens of rare mechanical skill, possessing perfect adaptability to the ends to be accomplished, they cannot be surpassed.

VIEW OF DR. H. W. NELSON'S SPLINT, AND OF ITS ADJUSTMENT FOR FRACTURE OF THE PELVIC BONES.



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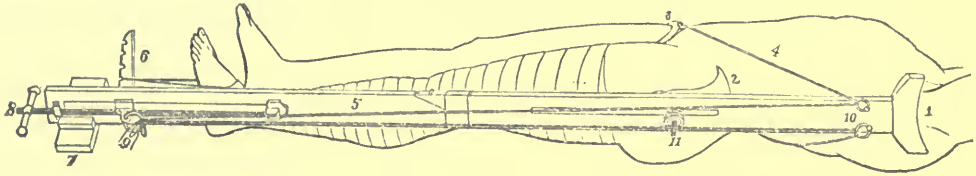


EXPLANATION.—No. 1. The crutch head. 2. The ileum-depressor. 3. The perineal ring. 4. The straps from perineal ring, through ring No. 10, passing down to ring in foot-bar, at No. 9. 5. The splint. 6. The foot-bar. 7. The foot-block to steady the splint. 8. Head of extension-screw. 11. Nut to secure the ileum depressor firmly to the splint. 12. Extra piece for lengthening the splint.

Let me first call your attention to the splint of Dr. H. W. Nelson, of Sacramento, for fracture of the pelvis. The engravings of the splint, and of the manner of its application, explain themselves; but I would premise that the particular fracture for which this modification of splint was devised was very obscure and very difficult, if not impossible, to diagnosticate with accuracy. For the history of the case, the mode of adjusting the splint, and the attendant success, I give you the doctor's own words:

"On the second of August, eighteen hundred and seventy-one, I was called to visit Mrs. H. K. S., aged thirty-five years. She was thrown from a buggy on the first of May previous, the force of the fall impinging against her left hip. A surgeon had been in attendance up to the time I visited her; but no appliances had been made, in consequence of the extreme pain she suffered, to remedy the deformity. The symptoms were, shortening of the whole limb, toes slightly inverted and flexed on the foot, so that they could not be easily straightened. The left superior spinous process of the ilium was, by measurement, two inches higher than the right, and the ilium could be slightly pressed upwards. There was a fracture across the ischium, which appeared to be partially united, and which, doubtless, extended through the acetabulum. The pelvic viscera were much injured; and abscesses, discharging through the vagina, resulted. In no part of the femur could any fracture be discovered. The patient could extend and flex the thigh, but could not rotate it. A peculiar feature was, that on walking with or without a crutch she had the appearance of having hip-joint disease. At every step she made she felt as though something pushed up and backwards; and, on examination one day, I found it so, apparently as if there was a dislocation at the sacroiliac articulation, bulging out the nates. I treated the injuries of the pelvic viscera for about two months; and after succeeding in healing those parts, I applied a double-inclined splint, which she retained only four days. Finding I could not do anything to remedy the deformity, as she then would not tolerate any appliance, I discontinued my visits. In October she requested me to visit her,

when she informed me that she would follow my instructions to the letter. Accordingly, I constructed a long splint, with a crutch-head at one end, and at the other an extension-screw, with a foot-bar. Close to the crutch-head were two brass rings, through which straps from a perineal band passed, and fastened to a ring attached to the foot-bar. The foot-bar worked up and down a mortise, by means of a screw thirteen inches long. Attached to the splint, at about twelve or fifteen inches from the crutch-head, was what I would call a hip-depressor, made of thick and stout copper-plate, about eight inches long, and five inches wide at the top, and so curved as to fit the side of the hip, and grasp the crest of the ileum. This piece was well padded, and on the upper edge or end has a piece of India rubber tubing, well stuffed and fastened to the extreme edge. This hip-piece is fastened to a screw with a nut, and sliding in a mortise twelve inches long in the splint. The perineal band consisted of a ring made of Canton flannel, well stuffed, and made to fit the groin snugly. On the first of November I applied the splint.

"MODE OF APPLYING THE SPLINT.

"The hip-piece is well pressed up the mortise, the splint padded and applied so that the crutch-head bears well in the axilla, then a few turns of a bandage around the chest and splint, thus keeping the latter close to the body. The perineal band or ring was placed over the right thigh, and fitting well in the groin. This band could not be placed over the left thigh, in consequence of the fracture of the ischium of that side. To the ring were fastened two straps of Canton flannel, one passing in front of the abdomen and chest, and through the anterior ring at the upper part of the splint; the other strap passed across the back and through the posterior ring, both carried down on the outside of the splint, and fastened to a ring in the foot-bar. Then the extension adhesive straps are placed on each side of the foot and leg, and then held by a bandage. The ends of these straps are fastened to the foot-bar. Extension is now made by means of the screw, and the limb brought down to its proper length. The pelvis is now pressed

down, by means of the *hip attachment*, to the natural position, and then secured by means of the thumb-screw. A few turns of a bandage across the pelvis, thigh, and leg completed the treatment. To the under side or edge of the splint is a block twelve inches long, to slide up or down as required, and then fastened by means of a wooden button, in order to steady the splint.

"My patient retained the splint six weeks, and then removed it herself, much to my disgust; but, however, she kept her bed a few days longer; and when she got up, was able to walk about, no deformity remaining. She is now well, dances, and attends balls and parties." This, I would add, is as marvellous, as it is true.

The splint, the successful application of which has just been described, is not the only contribution by Dr. Nelson to attest the mechanical genius with which he is gifted. Three obstetrical instruments, consisting of a rude vectis and crotchet, or blunt and sharp hook, which are now carefully deposited, as curiosities, in the cabinet of the college in Philadelphia, indicate at once the resources which he has at his command, and the difficulties under which the physicians of California labored in the early days of its settlement. That the latter have proved equal to every emergency, and risen superior to every misfortune, their record fully declares; while the instance of a representative country physician having manufactured, on the spur of the occasion, with the assistance of an ordinary blacksmith, out of a common iron hoop and a steel ramrod, substitutes that performed their office equally as well, if not better, than the best finished and polished instruments of the metropolitan surgeon, will forever remain an enduring monument to our common credit and renown.

The following is an account of the case in which the instruments just alluded to were used, almost in Dr. Nelson's own words:

"It occurred in Placer County in eighteen hundred and fifty-two, and was one of cross presentation—the back of the child towards the abdomen of the mother, the arm descending, and firmly locked at the shoulder, in the brim of the pelvis. A

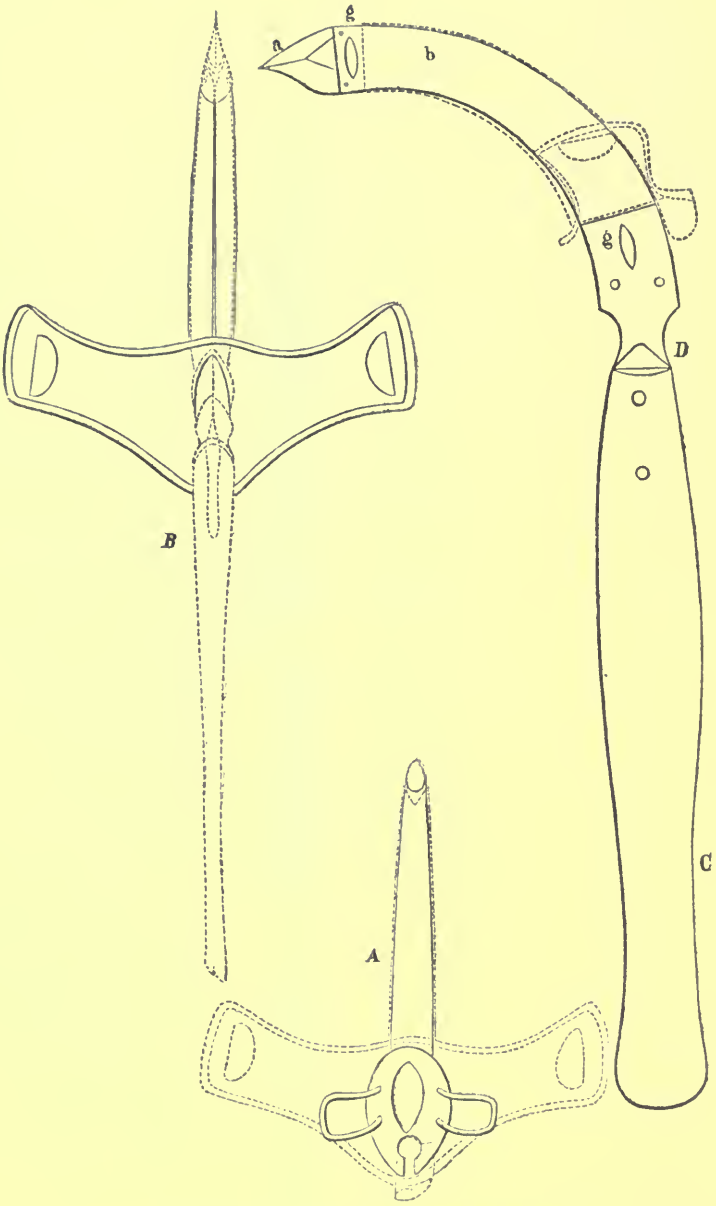
physician was in attendance from the commencement of the labor, and subsequently another one was called in. On my arrival (the fourth day), I found the woman very much exhausted, and in imminent danger. I learned that the child had been dead about two days, and the arm down for the same length of time. Previous to my arrival one of the physicians (the one first in attendance) had cut the arm off at the elbow, for what reason I could not divine. Finding it impossible to reach the feet, for the purpose of turning, and having no proper instruments, and none could be procured in time for the emergency, as there were then no railroads, I conceived the idea that a blacksmith could make such as would suit this case, and save, if possible, the life of my patient; and efficiently did they answer the purpose. The procedure was to separate the arm at the shoulder with the cutting hook or knife; then, after perforating the chest with the sharp hook, so as to allow the entrance of the former instrument, I cut down the side of the thorax, through the skin, muscles, and ribs, down to the abdomen, and into it; then, removing their contents, the head was next separated from the neck by means of the same instrument. The blunt hook aided me in bringing down the feet, and thus enabled me to remove the body. Finally the head was removed with great difficulty, using the vectis and the sharp hook. The placenta, which was already in a partial state of decomposition, was extracted quite easily. There was no scratch or abrasion of the soft parts of the mother, who is now living, and in good health."

The next contribution to which I will invite your attention is the tracheotome of Dr. A. B. Stout, of San Francisco. This instrument, with its accessories, needs no commendation at my hands; so I leave the doctor's own words to speak for it:

"The most difficult and embarrassing moment of tracheotomy is the introduction of the tube after the incision is made in the trachea. The sudden entrance into the air passages of air and blood, the efforts of spasmodic respiration, the influence of the brain in its transition from congestion to its natural state, in bringing about syncope, and the expulsion of adventitious substances from the trachea by the new exit, all together create

an alarming crisis, anything but agreeable to those present at the operation. It is in the hope of diminishing and surmounting these difficulties that the instrument herewith presented for inspection has been devised. It consists of the double canula already in use, but materially modified in form. To introduce through the incision, into the trachea, the usual canula, which is very blunt, dilating forceps are used. At this step of the operation the incision is apt to be lost, or while introducing the forceps much blood enters, and may continue so to do until the filling of the air passages with fluid causes violent spasmodic movements of the trachea. During this state of embarrassment quite a length of time may elapse before the canula can be placed, and the blood may clot and close the passage, exacting another loss of time for its removal. It has even been necessary to take out the canula again, and withdraw the clot with forceps. Several instances have occurred where these delays eventuated in the death of the patient. The present canula is flattened to a narrow ellipse, which requires much less dilatation of the opening to admit it, and affords as much space for the air to pass as the oval tube. To the larger or external of these double canulæ is fitted a modification of the common trocar. A flattened conical blade, with concave cutting edges, is adapted to a hollow tube of silver, which fits the larger canula. This tube is perforated with four openings (two for each side of the instrument); two are pierced closely behind the trocar blade, and the other two just under the handle of the tube, and at the other extremity of the canula to be introduced. The object of these holes is twofold, one to admonish the operator that he has pierced the mucous lining of the trachea by the exit of the air, the other to admit air at the earliest moment of the operation into the lungs, and commence the relief from suffocation even before the operation is complete. The more gradual decline of the cerebral congestion, it is hoped, will prevent syncope, etc., and the exclusion of all blood from the trachea obviate the spasmodic struggles which accompany the first opening into that passage. What little hemorrhage may occur from the tracheal mucous membrane will be limited in amount

by the close adaptation of the canula to the size of the wound. The end of the canula having passed the incision into the trachea, it only remains to perform the double movement of withdrawing the trocar and advancing the canula into the trachea. The second tube being then properly adjusted, the operation is concluded. The broad shield of the first canula is countersunk to prevent the fluids which may exude from the wound flowing over its edge into the tube."



EXPLANATION OF THE PLATE.

A. The double eliptic canulæ united.
B. The tracheotome adjusted to the external of the two canulæ.

C. Side view of the tracheotome. The external canula in dotted line covers the shaft of the tracheotome.

a. The conical steel trocar, with concave razor-edge riveted to the hollow shaft *b*.

b. Silver shaft, hollow, accurately adjusted to the canula A, with two orifices (*gg*) for passage of air.

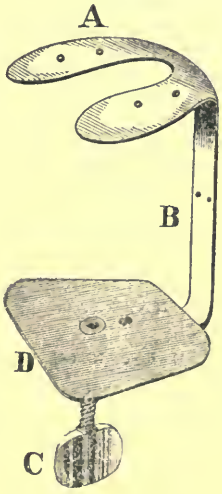
D. Handle of the tracheotome riveted to the silver tube *b*.

Another very neat and ingenious instrument contributed to the museum was that of Dr. R. W. Murphy, of Sacramento, for the treatment of fracture of the inferior maxillary bone. The practical advantages of this splint are:

First—It is not difficult to apply, and when applied it remains in position.

Second—It allows of the free use of the jaw and the taking of nourishment, even meats and solid food; and also the use of tobacco, both chewing and smoking.

Third—In comminuted fractures perfect articulation of the teeth is easily secured, which is a point much to be desired, both by the physician and the patient.



DESCRIPTION.

This splint consists in a plate (A) that rests upon the teeth of the lower jaw, similar to the impression plate used by dentists, with a narrow chin-piece (B) passing from the plate down

in front of the chin, turning at right angles under the jaw, through which pass a thumb-screw (C), which connect with the lower sub-maxillary plate D. By means of the screw, the plate is pressed up against the under side of the jaw at the same time, and by the same force the plate in the mouth is pressed down upon the teeth, holding the fractured jaw between the two plates.

APPLICATION.

In simple fracture all that is required is a little pad of cotton, or some soft material on the under splint; the upper one that goes into the mouth is lined with soft rubber, so as to adjust itself readily to the teeth. The fractured jaw is properly set, the splint applied, and a turn or two with the thumb-screw, and the work is done.

In comminuted fracture of a very bad nature, where the parts are difficult to keep in place, so as to get perfect articulation of the teeth, the proper course would be to set the jaw carefully, so that each tooth articulates perfectly with its fellow. When in position, mould a piece of gutta percha, properly prepared, to the under side of the jaw, bringing it a little up around the sides of the jaw and chin, and retaining it in place until it cools. Then allow the mouth to open, and apply the splint as in simple fracture, retaining the gutta percha mould upon the jaw. The teeth are received into the soft rubber that lines the under surface of the mouth-plate, and retained in place.

MATERIAL.

The splint presented to the museum is made of steel, and nickel-plated, to prevent it from corroding in the mouth. The under plate is hard rubber; the whole splint may be made of hard rubber, which I think would be cheaper and answer every purpose.

The last contribution from California which remains for me to record consists of a pathological specimen, from Dr. L. McGuire, of Folsom, of Fibroid infiltration of the pylorus, or the plastic linitis of Brinton. Flint remarks, very properly, however, that as this name has not the merit of implying anything respecting the pathological character of the lesion, it must not be confounded with schirrus; but that it is due to a morbid deposit, or growth of a fibroid character, seated primarily in the submucous areolar tissue. This wet preparation did not reach me in Philadelphia until the third day of the session, and then in such a bad condition that I could get very little attention paid to it, and, of course, have no comments to report. I therefore leave the following abstract from an accompanying letter to speak for it:

"HISTORY OF THE CASE.

"Mr. Saunders, aged fifty-five, married, occupation, stage-driver, of temperate habits, had always enjoyed good health until about two years before he consulted me. The symptoms at the onset were those of an ordinary dyspeptic, the gastric distress gradually increasing with the concomitant emaciation. After consulting various physicians, and undergoing a diversity of treatment, he finally placed himself under my care. At first I suspected carcinomatous disease; but as there was no cachexia, nor history pointing to it, I abandoned this idea. On making a physical examination, I found the boundaries of the liver normal; but could distinctly feel a hard tumor, apparently larger than a hen's egg, in the region of the pylorus; and diagnosed the case accordingly chronic induration of the pyloric orifice. The treatment consisted mainly in gastric sedatives, mercurial and iodine inunctions, with liquid nourishment. Finally nothing could be retained on the stomach, and the patient died greatly emaciated.

"On making a post-mortem examination, I found in the stomach, which was largely dilated, a considerable quantity of a dark-brownish fluid—probably a quart. The walls of the pyloric extremity, anteriorly and posteriorly, were thickened sufficiently to form a tumor about the size of a hen's egg, which

was, as already stated, distinctly felt through the abdominal parietes. The deposit or infiltration between the mucous or fibrous layers, closely resembling the proper tissue, extended the whole length of the antrum. It thickened the circular fold of mucous membrane, constituting the pyloric valve to such an extent, as to close completely the orifice, and project into the duodenum three or four lines. The mucous coat of the stomach presented a smooth surface throughout. All the other viscera, thoracic and abdominal, presented a normal appearance, wih the exception of the small intestines, which were atrophied to the size of an ordinary penholder."

The disease was, no doubt, correctly diagnosed; and, as I find, after consulting the treatises on the diseases of the stomach and alimentary canal, by Chambers, Budd, Brinton, and Habershon, is extremely rare.

I have thus, gentlemen, endeavored to fulfill my promise by giving you as good an account of California's contributions to the great Medical Exhibition of eighteen hundred and seventy-two, in Philadelphia, as the pressure upon my time permits. Would that it were more in accordance with the merits of the occasion. You will at once perceive that these evidences of proficiency and skill were by no means insignificant, but highly demonstrative of an energy and genius that cannot fail to advance the noble cause in which we are all engaged, and to receive in due time that consideration to which they are justly entitled. In the moment of distraction and absorption by other more prominent subjects, they may have been passed by, apparently unnoticed in the throng of nearly eight hundred visitors. But falling upon the medical mind, prepared, as it was, for the scene in question, like objects upon sensitized paper, they must have created an intelligent impression—a photographing of new ideas—which time and the inferences drawn from fact and truth will continue to develop, perhaps, long after the heads that planned and the hands that realized them shall cease to be.

To their influence, in part, and to the confidence and generous support ever received at your hands, I shall always attribute the honored distinction that has been awarded me.